

☒ **PART 1 (Medical)**
John HAS BEEN DETERMINED TO BE EXEMPT FROM PARTICIPATING IN TEMPORARY ASSISTANCE WORK ACTIVITIES EFFECTIVE 11-6-09 because according to medical evidence he/she is currently unable to work due to a medical issue. The Department of Social Services may require additional evidence in the future to evaluate his/her ability to work. The Department may also require him/her to participate in a treatment program or other services that could restore or improve the ability to work.

IF THIS SECTION (PART 1) IS CHECKED, YOU HAVE 10 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING. Please see the REVERSE of this page for instructions describing how to request a fair hearing.

The law and regulations that allow us to do this are Social Services Law 332-b and 18 NYCRR 385.2.

☐ **PART 2 (Other than Medical)**

_____ **HAS BEEN DETERMINED TO BE EXEMPT FROM PARTICIPATING IN TEMPORARY ASSISTANCE WORK ACTIVITIES EFFECTIVE _____ because he/she is**

_____ Pregnant and within thirty days from the expected date of delivery.

_____ The parent or other caretaker of a child under three months of age who is personally providing care for the child and who has not already been exempt for this reason for twelve months. This exemption may be extended for up to twelve months based on local policy.

_____ Sixty years of age or older.

_____ Under the age of nineteen and attending secondary, vocational or technical school full-time.

_____ Needed in the home to care for a medically verified ill, incapacitated or disabled household member and no other appropriate household member is available to provide the care.

This means that _____ will not be assigned to a work activity as long as he/she remains exempt from work activities. However, he/she may be required to provide additional evidence in the future to determine if he/she continues

CASE NUMBER P01 523323		CN NUMBER B4 072584		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE S.C. DEPT. OF SOCIAL SERVICES SUFFOLK WORKS EMPLOYMENT PROGRAM P.O. BOX 18100 HAUPPAUGE, NY 11788-8900	
CASE NAME (And C/O Name if Present) AND ADDRESS John Carpenter 19 9th Street E. Hampton, NY 11937				GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP 853-3664 ----- 853-3664	
				OR Agency Conference Fair Hearing Information and assistance 1-800-342-3334 853-3664 Record Access Legal Assistance Information 232-2400	
OFFICE NO. SC001	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME		TELEPHONE NO. 853-3820

☒ PART 1 (Medical)

John HAS BEEN DETERMINED TO BE EXEMPT FROM PARTICIPATING IN TEMPORARY ASSISTANCE WORK ACTIVITIES EFFECTIVE 5/14/10 because according to medical evidence he/she is currently unable to work due to a medical issue. The Department of Social Services may require additional evidence in the future to evaluate his/her ability to work. The Department may also require him/her to participate in a treatment program or other services that could restore or improve the ability to work.

IF THIS SECTION (PART 1) IS CHECKED, YOU HAVE 10 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING. Please see the REVERSE of this page for instructions describing how to request a fair hearing.

The law and regulations that allow us to do this are Social Services Law 332-b and 18 NYCRR 385.2.

☐ PART 2 (Other than Medical)

_____ HAS BEEN DETERMINED TO BE EXEMPT FROM PARTICIPATING IN TEMPORARY ASSISTANCE WORK ACTIVITIES EFFECTIVE _____ because he/she is _____

- _____ Pregnant and within thirty days from the expected date of delivery.
- _____ The parent or other caretaker of a child under three months of age who is personally providing care for the child and who has not already been exempt for this reason for twelve months. This exemption may be extended for up to twelve months based on local policy.
- _____ Sixty years of age or older.
- _____ Under the age of nineteen and attending secondary, vocational or technical school full-time.
- _____ Needed in the home to care for a medically verified ill, incapacitated or disabled household member and no other appropriate household member is available to provide the care.

This means that _____ will not be assigned to a work activity as long as he/she remains exempt from work activities. However, he/she may be required to provide additional evidence in the future to determine if he/she continues to be exempt.

IF THIS SECTION (PART 2) IS CHECKED, YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING. Please see the REVERSE of this page for instructions describing how to request a fair hearing.